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|---|------------|---|---------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                     |            | Docket Number (Optional)<br>57222(71699)                        |               |
| Application Number                      10/512,731-Conf. #1716  |            | Filed    October 26, 2004 |               |
| For      IDENTIFICATION OF BIOMARKERS FOR DETECTING PROSTATE CANCER   |            |   |               |
| Art Unit                      1643  |            | Examiner                      S. L. Rawlings                    |               |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |               |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |               |
|   | <u>Fee</u> | <u>Small Entity Fee</u>   |               |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130      | \$65  | \$      65.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490      | \$245   | \$            |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110     | \$555   | \$            |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865   | \$            |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175  | \$            |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |               |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |               |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |               |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |               |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      04-1105      .              |            |   |               |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |            |   |               |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |               |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |               |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number      61,294  |            |   |               |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34      _____   |            |   |               |
| _____<br>/Andrew W. Shyjan/<br>Signature  |            | _____<br>October 8, 2010<br>Date                                |               |
| _____<br>Andrew W. Shyjan<br>Typed or printed name  |            | _____<br>(617) 517-5595<br>Telephone Number                     |               |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |            |   |               |
| <input type="checkbox"/> Total of      1      forms are submitted.  |            |   |               |